

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Sep 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000000842**

1. Entity Name  
**SUNSHINE ISLAND INN, LTD.**



Principal Place of Business  
**642 EAST GULF DRIVE**  
**SANIBEL ISLAND, FL 33957**

Mailing Address  
**642 EAST GULF DRIVE**  
**SANIBEL ISLAND, FL 33957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08312004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**65-0598004**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, BARBARA**  
**1876 ARDSLEY WAY**  
**SANIBEL, FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
 as Shown on record.

**\$90,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
 the limited partnership did not receive the  
 prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000042404**  
 NAME **SUNSHINE ISLAND INN, INC.**  
 STREET ADDRESS **1876 ARDSLEY WAY**  
 CITY - ST - ZIP **SANIBEL ISLAND, FL 33957**

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*Barbara Carlson* *Barbara Carlson* 9/7/04 236 472 2884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE